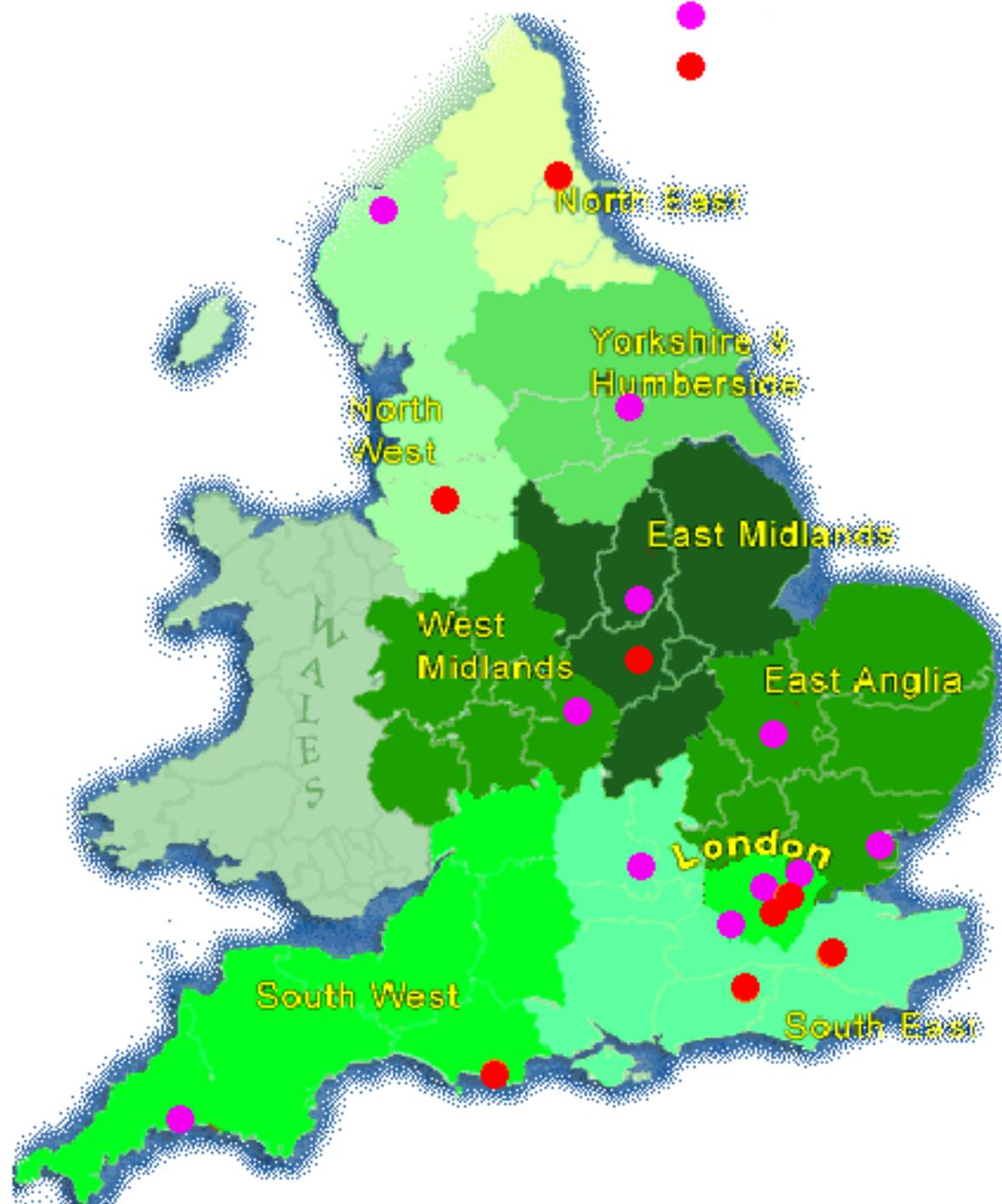


NHSE Tier 4 Personality Disorder Services

- 15 years of ineffective development by various NHS national and regional bodies
- Under different NHS structural legislation
- No organisational memory or continuity of understanding
- Many thousands of patients mis-served
- Compared to tier 3 developments:
'could do better'...

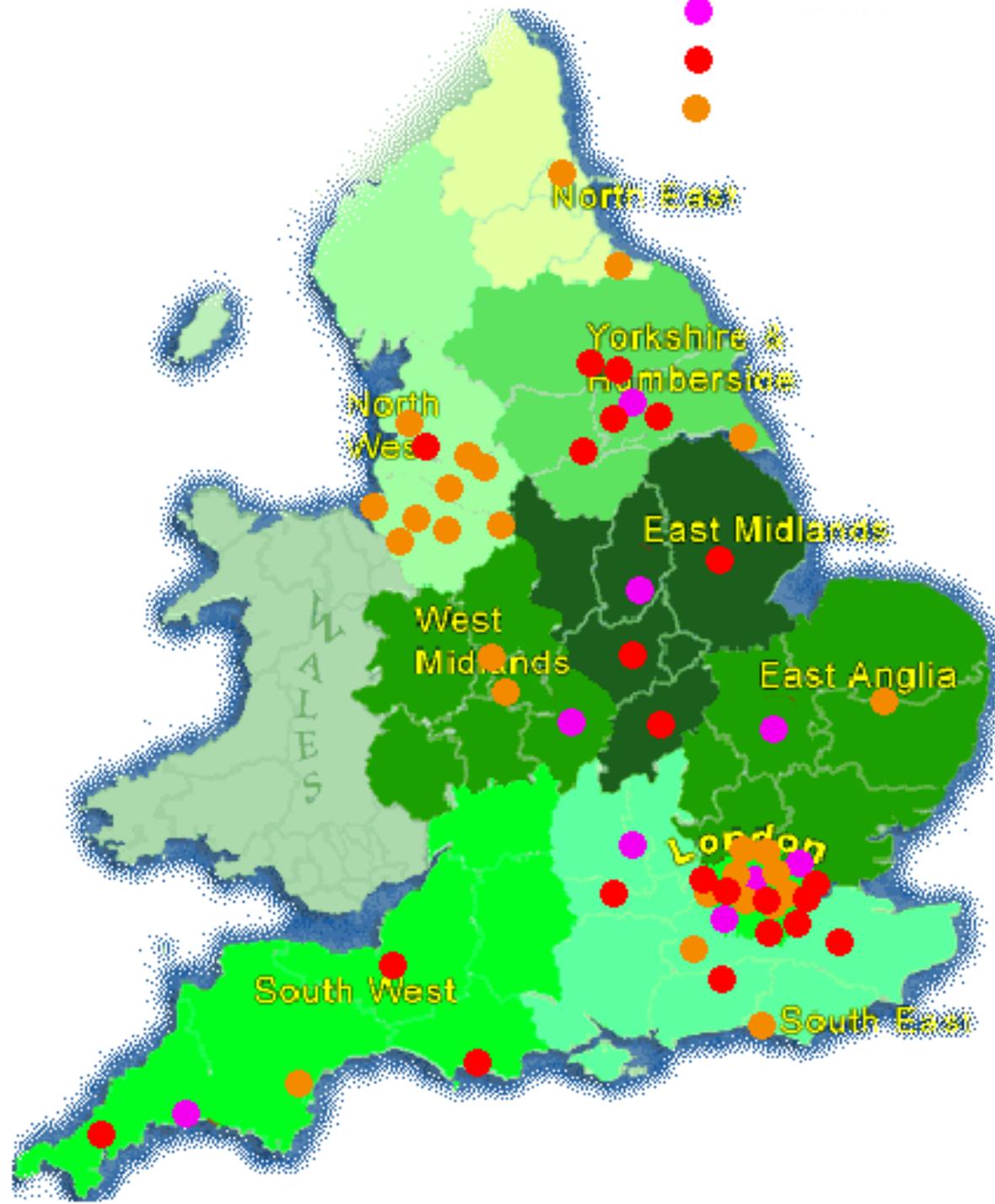
From Tier 3 in 2003...

- Including pre-existing tier 3 services as well as the national pilots



To Tier 3 in 2017...

- **Personality disorder services in England: findings from a national survey.**
Dale et al.
BJPsych Bull (2017)
41(5):247–53.



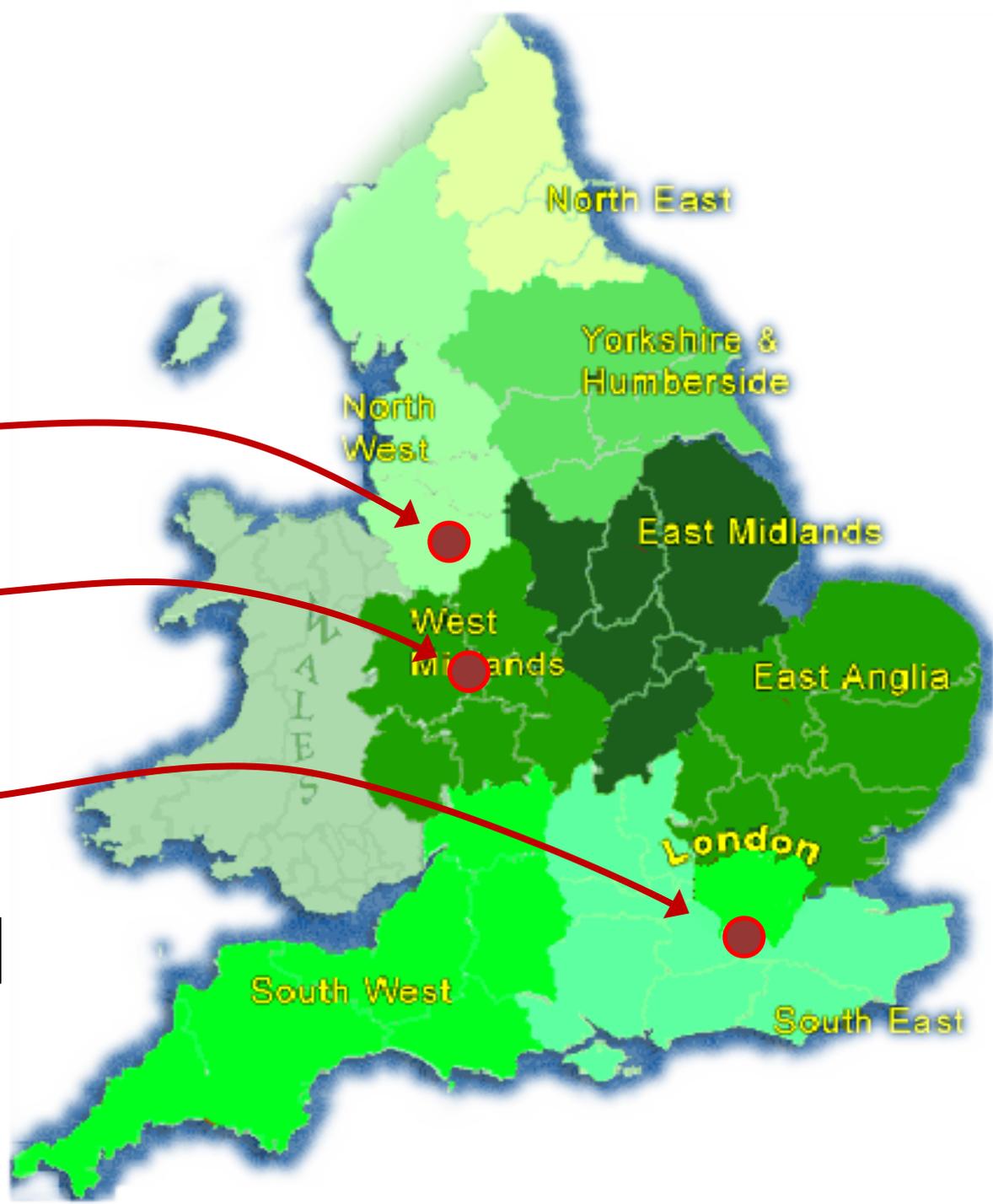
From Tier 4 in 2003...

Webb House 29 Beds

Main House 29 Beds

Henderson
Hospital 29 Beds

TOTAL	87 Beds
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To Tier 4 in 2019...

Garrow House 10 Beds

Leeds Pathway 0 Beds

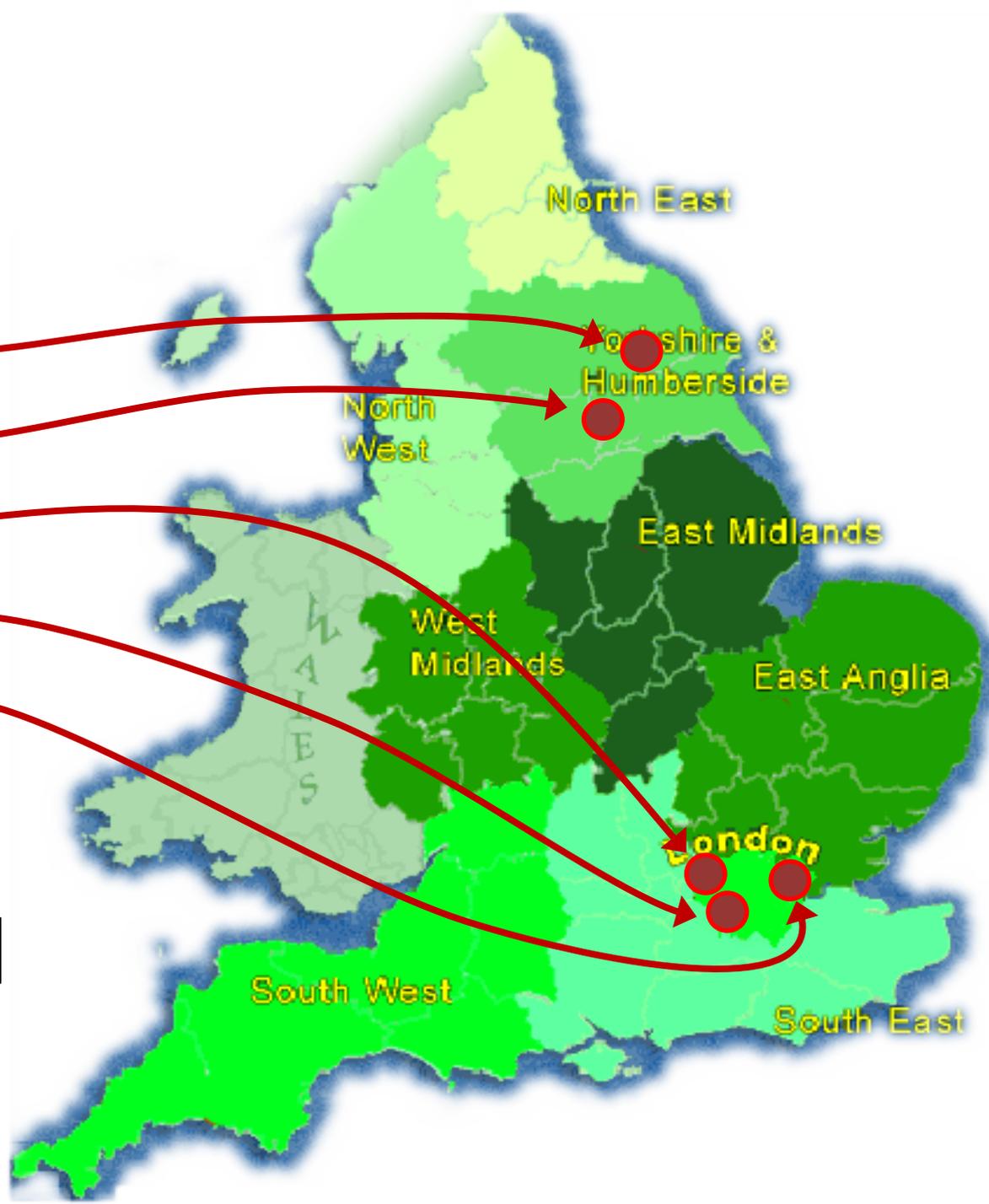
Cygnets Ealing 16 Beds

Cassel Service 13 Beds

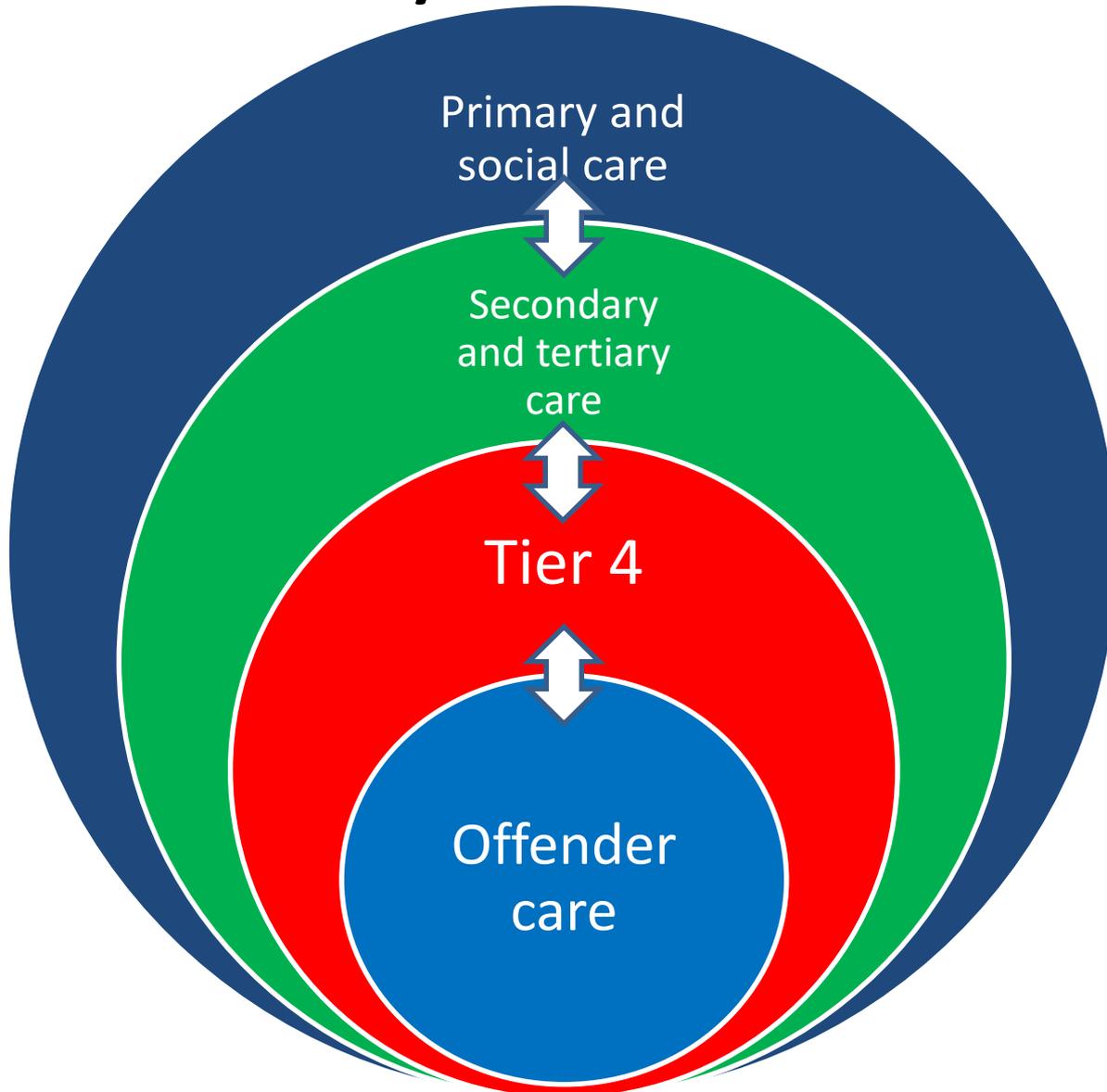
Cygnets Beckton 16 Beds

TOTAL

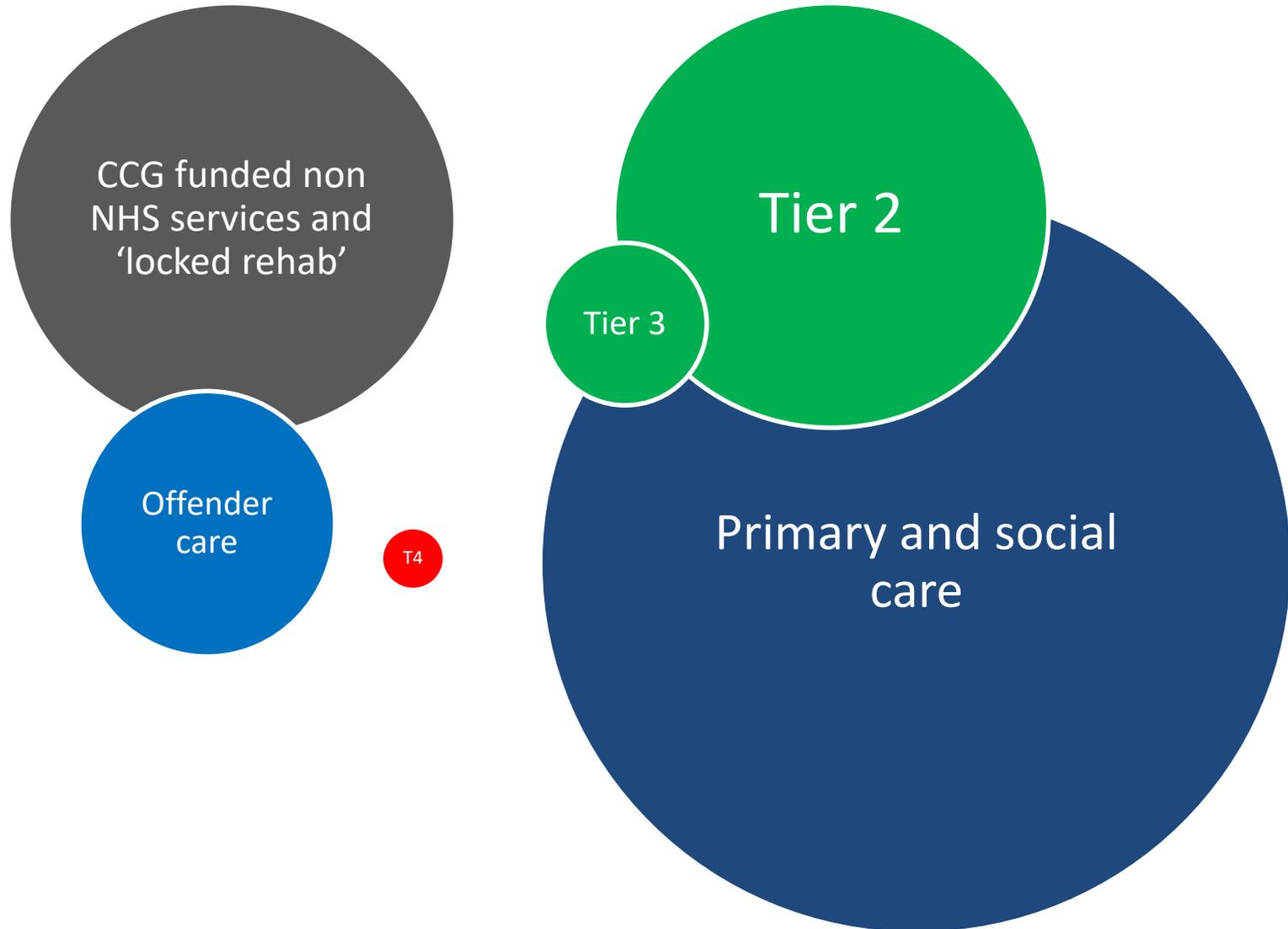
55 Beds



Ideal ecosystem of services



Actual ecosystem of services



Lack of governance

No service specifications

No clinical commissioning policy

No Quality Dashboards

No knowledge of who gets access

No time limit of inpatient stay

No agreed modality of treatments

No collection of patient satisfaction

No prescribed discharge plan

No stipulation of staff training

No collection of mortality rates

No mandated clinical outcomes monitoring

Anarchy



Personality Disorder Advisory Group



What do we want?!

Transparency!!

- Clear referral criteria
- Quality standards and audit
- Use of clinically relevant outcome measures and patient satisfaction measures
- Follow up of drop outs and patients not accepted

What do we want?!

Access to all!!

- Complexity
- Gender
- Race
- Risk profile
- Age

What do we want?!

Time limits!!

- Discharge planning at referral stage
- Time limited treatment dependent on need
- Brief residential crisis admissions
- Longer term treatment model – where patients can access step-down outpatient treatment
- Local services to remain engaged

What do we want?!

Connected Pathways!!

- Support Tier 2 and 3 and 5 and 6 services
- Work with all tiers of health and social care
- Step down for secure services
- Interface with adolescent services
- Offer containment and guidance for teams and patients

What do we want?!

Clarity of treatment model!!

- Evidence based
- Patient centred and adaptable
- Bio-psycho-social
- Formulation led rather than diagnosis led
- Treatment of co-morbid symptoms
- Trained staff
- Clear goals

Development of Tier 4 personality disorder service specification

T4 PD Draft spec v10.3 DRAFT Nov 18.pdf - Adobe Reader

File Edit View Window Help

1 / 24 104% Fill & Sign Comment

A. Service Specifications

Service Specification No:	
Service	Tier 4 Personality Disorder Services
Commissioner Lead	For local completion
Provider Lead	For local completion

1. Scope

1.1 Prescribed Specialised Service

This service specification covers the provision of Specialist Tier 4 Personality Disorder Services for Adults

1.2 Description

not for circulation

When do we want it?!





3 big problems

- Numbers
- Tiers
- Exclusion

...but not money!
(at least not for doing
more of the same)

AND A FEW MORE:

- Attitudes
- SU involvement and partnership
- Narrowness of 'evidence'
- Health-only focus
- Necessity of cross-agency work
- Little public health or preventative focus
- Over-management
- Institutional paternalism

...and still not money!

Numbers

...they've got no idea the size of problem they're dealing with

- Some assumptions we started with in 2002:
 - Six tiers of severity
 - England only, 44m adults
 - Prevalence (including 'mild') = 1%
 - Tier 6 needed 300 for the 'dangerous severe'
 - Smooth logarithmic progression between tiers
- This is the table of numbers from that calculation

Numbers

...they've got no idea the size of problem they're dealing with

	proportion	one in...	percent	per 100K	per million	total in England
Tier 1	0.0100000	100	1	1000	10000	440000
Tier 2	0.00232666	430	0.232666	233	2327	102373
Tier 3	0.00054132	1847	0.054132	54	541	23818
Tier 4	0.00012593	7941	0.012593	12.6	126	5541
Tier 5	0.00002930	34135	0.002930	2.93	29	1289
Tier 6	0.00000682	146667	0.000682	0.68	6.82	300

Numbers

...they've got no idea the size of problem they're dealing with

How that compares with what we now know:

- Current beds = 55; need = 5,541
- Current locked rehab beds = 3,721 (CQC)
previously thought $\frac{1}{3}$ PD, now $\frac{1}{2}$ (TK) = 1,860
(cost \approx £250m pa)

...but how many would be really needed if we had good T3 services everywhere?

...and how much money would that save – never mind the inappropriate/unhelpful placements and stress for all?

Tiers

...they've no idea of the complexity

- As if everybody can be fitted into a neat little box
- Defined by their 'severity' or 'needs' or 'complexity' or 'comorbidity' or ..whatever
- 1950s: GPs and Balint groups – *relational practice*
- 1980s: Supportive analytic psychiatry – *relational practice*

Tiers

...they've no idea of the complexity

- 2000s: loss of relationality (\equiv continuity of care)
- Fragment / industrialise / standardise / regulate / scale-up / commodify / commercialise / measure-predict-control
- The 'tiers' are boxes into which everybody must fit
 - each tier has 'products' that are designed, evaluated, packaged, trained for and sold - by the laws of the market
 - no fuzziness or uncertainty can be tolerated
 - we are told it is 'evidence-based healthcare'

Tiers

...they've no idea of the complexity

SO:

- Is it time to think if there is a more sophisticated way of describing needs and services than simple 'tiers'?
- Answer – probably not

Exclusion

...they've no idea of the clinical and political realities

- Strict criteria for inclusion and exclusion
- 'Mental Health Tennis'
- Widespread culture of 'we only have limited capacity' and systematic exclusion; but there are other ways to look at the problem!
- The opposite of the '*No Longer a Diagnosis of Inclusion*' intention

Exclusion

...they've no idea of the clinical and political realities

- 'Who is most excluded?
 - Those who don't come to appointments in an obedient way and do as they are told
 - Those who are less articulate (etc)
 - Those who get angry
 - Those who have chaotic lives
- = Those who most need help?

Finally...

- Who is 'they'?
- Well it is not any single group: clinicians, commissioners, policy makers, politicians, managers, service users, family, friends, carers, media ...etc
 - *they all understand the problem when it when it is explained*
- Is it not all of us?
 - *but only when we work together*
 - *and properly understand the problem*